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PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0551-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panarwork Reduction Art of 1995 on persons are required to respond to a collection of information unlass it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R., 4818). 09/888,365 Application Number TRANSMIT Filing Date 6/22/2001 For FY 2005 First Named Inventor <u>Stephen P. DeOrnellas</u> uz L. Alejandro Mulero pECEIVED **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 CENTRAL FAX CENTER Art Unit 1763 **TOTAL AMOUNT OF PAYMENT** (\$) 620.00 Attorney Docket No. TEGL-01092US1 NOV 1 8 2005 METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 06-1325 Deposit Account Name: 23910 - Fliester Meyer LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form, Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Eee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 100 250 Design 200 100 130 100 65 50 Plant 200 100 300 160 80 150 Reissue 300 150 500 600 250 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) 50 Each claim over 20 or, for Reissues, cach claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 18 - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) \_ - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) - 100 = /50 = \_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: RCE Filing Fee \$395.00: 2-month Extension Fee \$225.00 620.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 27,660	Telephone 415.362.3800
Name (Print/Type)	Sheldon R. Meyer		Date November IV, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL FORM			Application Number	er	09/888,365		<u> </u>			
			Filing Date		0/00/0004			DEC	EVED	
			First Named Inven	ntor	Steph	en P.	DeOmellas	CENTRAL	FAX CEN	
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(to be used for all correspondence after initial filing)			Examiner Name		Luz L. Alejandro Mulero N			NOV	1 8 200	
Total Number of	Pages in '	This Submission	4	Attorney Docket N	lumber	TEGL	-0109	2US1		ノ
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Fee Transmittal Form Fee Attached			Drawing(s) Licensing-related Papers			After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC				
After Final  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD		(Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below):  Request for Continued Examination (RCE) Transmittal			l			
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Signature				1						
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